APPLICATION FOR CERTIFIED COPY OF BIRTH RECORD

The California Health and Safety Code, Section 103526 permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like a Certified Copy or a certified Informational Copy. Y:\RECORDERS OFFICE\FORMS Recorder\VITAL Forms\Application for Birth.doc

()	I would like a CERTIFIED COPY of the record identified on the application. (In order to receive a Certified Copy, you must indicate your relationship to the person named on the application by selecting from the list below).	()	I would like a Certified INFORMATIONAL COPY of the record identified on the application.		
	FEE OF \$14.00 &	()	CLERKS USE ONLY Faxed to:		
V	Sworn Statement Attached		Fax# ()		
 I am: The registrant or a parent or legal guardian of the registrant. A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. A child, grandparent, grandchild, sibling, spouse, or domestic partner of registrant. An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. 					
APPLICANT INFORMATION (PLEASE PRINT OR TYPE)					
Printed Name and Signature of Person Requesting Record Today's Date Telephone Number					
Mailing A	Address City	State	Zip		
Person Receiving Copies, if Different from No. of Copies Amount \$ Email Address Above					
BIRTH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)					
Name on Certificate- FIRST Name Name on Certificate- Middle Name Name on Certificate- LAST Name					
City or Town of Birth County of Birth					
Date of Birth- Month, Day, Year (If unknown, enter approximate date) Sex () Female () Male					
Father's	FIRST Name Father's Middle Name	Father's	LAST Name		
Mother's	FIRST Name Mother's Middle Name	Mother'	s LAST Name		
YOUR DAYTIME CONTACT NUMBER: () -					

Mail Request & Payment to: Mono County Vital Records, Attn: Debra P.O. Box 237, Bridgeport, California 93517

SWORN STATEM	MENT
I,, swear under penalty of per (Printed Name) of the State of California, that I am an authorized person, as def Section 103526 (c), and am eligible to receive a certified copy of individual(s):	efined in California Health and Safety Code of the birth or death record of the following
	ELATIONSHIP TO PERSON LISTED ON CERTIFICATE
Sworn this day of, 20, at	at (City)
(State) (Signature of Re	Requesting Party)
NOTE: IF YOU ARE SUBMITTING THIS REQUEST BY MAIL, NOTARIZED USING THE CERTIFICATE OF A Certificate of Acknowledgement State of, for the County of On before me, (Date)	fficer) CAPACITY CLAIMED BY SIGNER Individual
person(s) whose name(s) is/are subscribed to the within acknowledged to me that he/she they executed the same authorized capacity (ies), and that by his/her/their signal instrument the person(s), or the entity upon behalf person(s) acted, executed the instrument.	n instrument and e in his/her/their nature(s) on the of which the Corporate Officer(s) Titles: Partner(s) Attorney-in-Fact
I certify under PENALTY OF PERJURY under the laws of California that the foregoing paragraph is true and correct	of the State of
Witness my Hand and Official Seal (NOTARY SEAL):	: Subscribing Witness
	☐ Guardian/Conservator
Signat Title or Type of Document Number of Pages (Including this Acknowledgement) Date of Document:	